



Customer No. 37543

Attorney Docket No. 57637/1380

**APPLICATION DATA SHEET****APPLICATION INFORMATION**

|                                  |                                     |
|----------------------------------|-------------------------------------|
| Application Type::               | Regular                             |
| Subject Matter::                 | Utility                             |
| Suggested Classification::       |                                     |
| Suggested Group Art Unit::       |                                     |
| CD-ROM or CD-R?::                |                                     |
| Number of CD Disks::             |                                     |
| Number of Copies of CDs::        |                                     |
| Sequence Submission?::           | Paper                               |
| Computer Readable Form (CRF)?::  | Yes                                 |
| Number of Copies of CRF::        | 1                                   |
| Title::                          | Gastrin Releasing Peptide Compounds |
| Attorney Docket Number::         | 57637-1380                          |
| Request For Early Publication?:: |                                     |
| Request For Non-Publication?::   |                                     |
| Suggested Drawing Figure::       |                                     |
| Total Drawings Sheets::          | 99                                  |
| Small Entity?::                  | No                                  |
| Latin Name::                     |                                     |
| Variety Denomination Name::      |                                     |
| Petition Included?::             |                                     |
| Petition Type::                  |                                     |
| Licensed US Govt. Agency::       |                                     |
| Contract or Grant Numbers::      |                                     |
| Secrecy Order in Parent Appl.?:: |                                     |

## APPLICANT INFORMATION

|   |                       |
|---|-----------------------|
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | Italy                 |
| Status::                                | Full Capacity         |
| Given Name::                            | Enrico                |
| Family Name::                           | Cappelletti           |
| Name Suffix::                           |                       |
| City of Residence::                     | Sergno                |
| State or Province of Residence::        |                       |
| Country of Residence::                  | Italy                 |
| Street of Mailing Address::             | Via Cascina Dosso, 18 |
| City of Mailing Address::               | Sergno                |
| State or Province of Mailing Address::  |                       |
| Postal or Zip Code of Mailing Address:: | 20038                 |

|   |                       |
|---|-----------------------|
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | Italy                 |
| Status::                                | Full Capacity         |
| Given Name::                            | Luciano               |
| Family Name::                           | Lattuada              |
| Name Suffix::                           |                       |
| City of Residence::                     | Bussero               |
| State or Province of Residence::        |                       |
| Country of Residence::                  | Italy                 |
| Street of Mailing Address::             | Via Pablo Neruda, 4/C |
| City of Mailing Address::               | Bussero               |
| State or Province of Mailing Address::  |                       |
| Postal or Zip Code of Mailing Address:: | 20060                 |

|   |                 |
|---|-----------------|
| Applicant Authority Type::              | Inventor        |
| Primary Citizenship Country::           | United States   |
| Status::                                | Full Capacity   |
| Given Name::                            | Karen E.        |
| Family Name::                           | Linder          |
| Name Suffix::                           |                 |
| City of Residence::                     | Kingston        |
| State or Province of Residence::        | NJ              |
| Country of Residence::                  | United States   |
| Street of Mailing Address::             | 14 Basin Street |
| City of Mailing Address::               | Kingston        |
| State or Province of Mailing Address::  | NJ              |
| Postal or Zip Code of Mailing Address:: | 08528           |

|   |                     |
|---|---------------------|
| Applicant Authority Type::              | Inventor            |
| Primary Citizenship Country::           | United States       |
| Status::                                | Full Capacity       |
| Given Name::                            | Edmund              |
| Family Name::                           | Marinelli           |
| Name Suffix::                           |                     |
| City of Residence::                     | Lawrenceville       |
| State or Province of Residence::        | NJ                  |
| Country of Residence::                  | United States       |
| Street of Mailing Address::             | 190 Eldridge Avenue |
| City of Mailing Address::               | Lawrenceville       |
| State or Province of Mailing Address::  | NJ                  |
| Postal or Zip Code of Mailing Address:: | 08648               |

|   |                  |
|---|------------------|
| Applicant Authority Type::              | Inventor         |
| Primary Citizenship Country::           | United States    |
| Status::                                | Full Capacity    |
| Given Name::                            | Palaniappa       |
| Family Name::                           | Nanjappan        |
| Name Suffix::                           |                  |
| City of Residence::                     | Dayton           |
| State or Province of Residence::        | NJ               |
| Country of Residence::                  | United States    |
| Street of Mailing Address::             | 30 Liberty Drive |
| City of Mailing Address::               | Dayton           |
| State or Province of Mailing Address::  | NJ               |
| Postal or Zip Code of Mailing Address:: | 08810            |

|   |               |
|---|---------------|
| Applicant Authority Type::              | Inventor      |
| Primary Citizenship Country::           | United States |
| Status::                                | Full Capacity |
| Given Name::                            | Natarajan     |
| Family Name::                           | Raju          |
| Name Suffix::                           |               |
| Kendall Park                            | Kendall Park  |
| State or Province of Residence::        | NJ            |
| Country of Residence::                  | United States |
| Street of Mailing Address::             | 41 New Road   |
| City of Mailing Address::               | Kendall Park  |
| State or Province of Mailing Address::  | NJ            |
| Postal or Zip Code of Mailing Address:: | 08824         |

|   |                  |
|---|------------------|
| Applicant Authority Type::              | Inventor         |
| Primary Citizenship Country::           | United States    |
| Status::                                | Full Capacity    |
| Given Name::                            | Kondareddiar     |
| Family Name::                           | Ramalingam       |
| Name Suffix::                           |                  |
| City of Residence::                     | Dayton           |
| State or Province of Residence::        | NJ               |
| Country of Residence::                  | United States    |
| Street of Mailing Address::             | 46 Liberty Place |
| City of Mailing Address::               | Dayton           |
| State or Province of Mailing Address::  | NJ               |
| Postal or Zip Code of Mailing Address:: | 08810            |

|   |                   |
|---|-------------------|
| Applicant Authority Type::              | Inventor          |
| Primary Citizenship Country::           | United States     |
| Status::                                | Full Capacity     |
| Given Name::                            | Rolf E.           |
| Family Name::                           | Swenson           |
| Name Suffix::                           |                   |
| City of Residence::                     | Princeton         |
| State or Province of Residence::        | NJ                |
| Country of Residence::                  | United States     |
| Street of Mailing Address::             | 35 Fieldston Road |
| City of Mailing Address::               | Princeton         |
| State or Province of Mailing Address::  | NJ                |
| Postal or Zip Code of Mailing Address:: | 08540             |

|   |                  |
|---|------------------|
| Applicant Authority Type::              | Inventor         |
| Primary Citizenship Country::           | United States    |
| Status::                                | Full Capacity    |
| Given Name::                            | Michael          |
| Family Name::                           | Tweedle          |
| Name Suffix::                           |                  |
| City of Residence::                     | Princeton        |
| State or Province of Residence::        | NJ               |
| Country of Residence::                  | United States    |
| Street of Mailing Address::             | 72 Liberty Place |
| City of Mailing Address::               | Princeton        |
| State or Province of Mailing Address::  | NJ               |
| Postal or Zip Code of Mailing Address:: | 08540            |

### CORRESPONDENCE INFORMATION

|                                  |              |
|----------------------------------|--------------|
| Correspondence Customer Number:: | 35743        |
| Phone Number::                   | 212-715-9100 |
| Fax Number::                     | 212-715-8000 |
|                                  |              |

### REPRESENTATIVE INFORMATION

|                                  |       |
|----------------------------------|-------|
| Representative Customer Number:: | 35743 |
|----------------------------------|-------|

## **DOMESTIC PRIORITY INFORMATION**

| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| This Application     | Continuation in Part     | PCT/US2003/041328           | 12/24/03                    |
| PCT/US2003/041328    | Continuation in Part     | 10/341,577                  | 01/13/03                    |
|                      |                          |                             |                             |
|                      |                          |                             |                             |
|                      |                          |                             |                             |

## **FOREIGN PRIORITY INFORMATION**

| <b>Country::</b> | <b>Application Number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------|---------------------------|
|                  |                             |                      |                           |
|                  |                             |                      |                           |
|                  |                             |                      |                           |

## **ASSIGNEE INFORMATION**

|   |                       |
|---|-----------------------|
| Assignee Name::                         | Bracco Imaging S.p.A. |
| Street of Mailing Address::             | Via Egidio Folli 50   |
| City of Mailing Address::               | Milan                 |
| State or Province of Mailing Address::  | Italy                 |
| Postal or Zip Code of Mailing Address:: | 20134                 |
|   |                       |